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VALEDICTORY ADDRESS,

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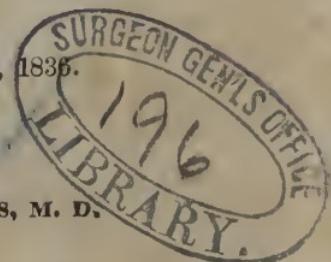
ART OF EXAMINING THE SICK;

DELIVERED TO THE GRADUATES OF THE

MEDICAL COLLEGE OF OHIO;

ON THE FIRST DAY OF MARCH, 1836.

BY JAMES CONQUEST CROSS, M. D.



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LEXINGTON, KY.

PRINTED BY N. L. FINNELL.

1836.

Cincinnati, 27th July 1836.

PROF. JAMES C. CROSS:

DEAR SIR,—The valedictory address delivered by you before the Graduates of the Medical College of Ohio of the last session, and the citizens assembled on that occasion, not having been yet published, as we expected it would have been, we take this opportunity of your visit to Cincinnati to ask of you a copy of it for publication, in pamphlet form, believing that it contains much valuable advice to young men just entering upon the arduous and responsible duties of their profession.

Yours, most respectfully.

JAMES M. MASON, M. D.
RICHARD EBERLE, M. D.
STEPHEN BONNER, M. D.

Pearl Street House, 28th July, 1836.

GENTLEMEN:—Though I am not aware that the address to which you allude contains any very novel views of the subject on which it treats; if the observations there embodied can, in any respect, promote the improvement of those for whom it was written, I willingly surrender it into your hands.

Be pleased, Gentlemen, to accept my assurances of respect and friendship.

JAMES C. CROSS.

DRS. MASON, EBERLE & BONNER.

ADDRESS.

GENTLEMEN GRADUATES:

You have now received the honors of the doctorate; the highest honors of a profession that deservedly ranks in usefulness, dignity and respectability with the most ennobling of the arts cultivated by or practised amongst men. You now belong to a profession not less venerable for its antiquity than it is remarkable for the zeal and success with which its study has been prosecuted. Between you and those who were so recently your teachers, all technical distinction, from this moment, ceases to exist; between you and the legitimate members of the profession, the line of demarkation has been obliterated and you have been elevated to a rank and placed on a footing of perfect equality with them. This day registers your names with those of a long line of noble ancestry, whose intellectual achievements have, generation after generation, through the ceaseless roll of more than two thousand years, enlightened and enlarged the sphere of your profession's usefulness. Nor, in after life, when infirm and decrepit age shall have shed its sterile snows upon your brows, will you cease retrospectively to regard the day which witnessed this change as amongst the most eventful of your lives;—eventful, because it produces an entire revolution in your habits and pursuits. You now, in a great degree, relinquish the silence and solitude of the study to engage in the toilsome and disquieting enterprises of men;—you now exchange the guileless and unapprehensive simplicity of your youthful associates for the designing and dissembling hypoerisy of experienced rivals.

Unhacknied and unpractised in the ways of the world, you rejoice that you have passed the anxious period of pupilage, while your hearts leap for joy in anticipation of the pleasures which fancy, in the plenitude of youthful vigor, has scattered in unsparing abundance over the track which destiny has stretched before you. Exaggerated, however, as may be the visions which you now cherish, I will not break in upon the joys of the present occasion, by reminding you in detail of the many difficulties you will have to encounter and overcome in their ultimate realization. Important as it is not to encourage expectations too lofty and unattainable, it is equally binding upon the individual of enlightened views, who would reach respectability in any liberal profession, not to fasten his attention upon objects grovelling in their nature or debasing in their influence. Allured on by the former, the heart is sickened by the repeated prorogation of hope, and the mind is emasculated of its energy by the unmitigated horrors of relentless disappointment; while to be enamoured of the latter is

"to breed contempt, and that like gangrene, which if it seize on part of a character, is sure to corrupt all the rest by degrees." True wisdom consists in keeping the objects of your ambition fairly within the sphere of reasonable attainment, while real folly is certain to place them upon a pinnacle so high as to be far beyond its capacity to reach. Nor are extravagant and unreasonable aspirations more characteristic of intellectual imbecility than unwavering confidence and unflinching effrontery. Unmoved by the embarrassment which causes real genius to falter, 'fools rush in where angels dare to tread.'

I trust you will pardon this digression and believe that I speak the feelings of my heart and the convictions of my understanding, when I say that, however deep and enduring may be the pleasure you experience on the present occasion, it is participated by those who were recently your teachers. Not to do this, would prove them to be as insensible to the most striking manifestations of affection and respect, as to those traits of character which dignify and ennable human nature. When they call to mind the zeal and industry with which you have prosecuted the study of your profession; the order and decorum by which your deportment has been characterized; the uninterrupted harmony and fraternal regard which have marked your social intercourse; the respectful attention with which you have, on all occasions, and under all circumstances, treated your instructors; and above all, the highly creditable manner in which you have passed through the ordeal of a rigid and scrupulous examination, they feel called upon to say without pause or hesitation, that you richly merit the distinctions of this day. With such propitious guarantees of future usefulness and respectability, they willingly confide to your keeping the honor and dignity of that profession which has constituted the study, the admiration and the business of their lives.

During your stay in these halls, dedicated to the cultivation of Medical Science, your teachers feel a proud satisfaction in being able to declare that no circumstance has occurred to interfere, in any respect, with the harmony of your social and friendly intercourse with them. Appointed by the faculty that, recommended you for the honors of the doctorate, to sever those ties by which you as pupils and they as instructors, have been kept together in close social and intellectual communion, it devolves upon me as a duty, and I therefore discharge it as a pleasure to say that they part with you with feelings of deep and unaffected reluctance. Suffer me, therefore, to endeavor to dissipate, in some degree, the gloom with which the separation soon to take place, must necessarily overshadow the ceremonics of this occasion, by directing your attention, for a few moments, to a subject, a thorough knowledge of which, cannot fail to increase the sphere of your usefulness, though it may not, as yet, have engaged your steady and serious reflection. The topic to which I allude, is one, the study of which cannot be prosecuted to much advantage during the period of medical pupilage, at least, in those schools of medicine unprovided with infirmaries for the sick, and where, consequently, clinical instruction cannot be conducted with any degree of success. Nor can proficiency in it be attained by those who have been educated in places thus imperfectly provided with the means of im-

parting practical instruction until after opportunities of considerable experience have been enjoyed.

The subject to which I would invite your particular attention is the art of examining those afflicted with disease. Though I trust and believe you to be fully qualified triumphantly to overcome most of, if not all, the difficulties which actual practice daily involves, be not surprised that I should remind you of the importance of an intimate acquaintance with the details of the art to which I have just adverted. To do this, I am the more solicitous, because, while it may strike you as being simple and comparatively of inferior value, it is in truth, amongst the most difficult and important of the duties which the practice of medicine will devolve upon you. Difficult on account of the qualities of mind as well as of the extended and varied professional attainments which its scientific and successful practice imperiously requires; and important because, without a familiarity with all its details to deduce a sound and an accurate diagnosis or to institute a rational mode of treatment, would be utterly impracticable. Both are alike the offspring of a thorough methodical examination. From any other source they cannot legitimately spring.

Indispensably necessary as this art undeniably is to the rational and successful practice of medicine, it is no less surprising than true, that it is but rarely studied and still less frequently understood. This is particularly the case with the younger members of the profession, when they have not had opportunities of clinical observation in public hospitals or in the wards of a private practitioner. Ignorant of the art of methodically examining the sick, it would be supremely absurd for the physician to maintain that he can conduct an examination either creditably to himself or beneficially to his patient. Impossible as it would be successfully to deny the truth of this allegation, it is a subject not only of surprise, but a source of regret and deep mortification, to see how seldom, even from amongst the more experienced members of the profession, it receives the attention to which it is justly and indisputably entitled.

The discharge of this all-important duty, instead of being characterized by precision, exactitude and a regular detailed inquiry into all the circumstances of the case, is done in a manner so desultory and careless as to prove that it inspires no interest and is consequently considered of comparatively little importance. Without order or method, the questions are propounded and too often without having any definite object in view or reflecting light upon the obscurities of any particular point. Nor is it uncommon to have questions asked that are not only irrelevant but absolutely unintelligible. From the unfinished investigation of one organ, the physician passes to the consideration of another, perhaps, distantly situated, without any obvious or assignable motive. Nor between the interrogatories addressed to the patient, can the keenest sagacity always discern either a physiological or pathological connexion. It is not uncommon to hear either from a bad memory, inattention or ignorance, trivial and uninteresting questions more than once repeated, while those that are important and leading in their nature, are entirely overlooked and forgotten.

When an examination is thus conducted, objects are *sure* to be confounded that are the most distinct, while those the most analogous are thrown widely asunder. Diseases the most simple are thus often rendered unintelligible, while those in any respect mysterious or complicated are never understood. Besides the inconvenience, not to say serious injury, that must be experienced from overwhelming a suffering individual with a heterogenous string of unmeaning interrogatories, to deduce from the data thus furnished an accurate diagnosis would be more difficult than to solve the riddle of the Sphynx. But of this we should not have so much reason to complain, could the doubt which hangs around the nature of the disease induce the physician to pause before he ventures upon its treatment. Of this, however, he rarely dreams. To risk the life of a human being upon the validity of a random guess, is a circumstance of too common occurrence to be a subject of serious or compunctionous reflection.

Why is this the case? Because the science of diagnosis and the art of examining the sick are not sufficiently studied. Without a thorough acquaintance with the former, it would be preposterous to pretend to practice the latter. While the latter teaches you merely how to prosecute an examination, the former enables you to interpret the physical and vocal signs furnished by the patient. To make a successful practical application of diagnosis your examination must be conducted with strict regard to some settled and natural method. This, in truth, is so absolutely requisite that should you venture, irrespective of method, to prosecute an examination in the presence of an educated and enlightened physician, he would denounce you as an awkward, illiterate and a blundering quack. It is the conduct of the physician, in the discharge of this duty, that announces in language not to be misinterpreted, whether he should be detested as an empiric or respected as an intelligent and accomplished physician.

On a former occasion I endeavored to prove to you that systematic medicine constitutes a powerful *remora* to the rapid advancement of the science, and here I may remark that its blighting influence has been felt in no respect more sensibly than in discouraging the study of diagnosis, and in bringing the '*art of examining the sick*' into contempt. Supposing a principle to which all diseases are precipitately and gratuitously ascribed and considering certain symptoms as indicative of the existence of an hypothetically assumed pathological state, its inquiries never extend beyond what it had predetermined to find. To the systematist every disease presents the same fundamental morbid lesion and is to be subdued by the same species of medication. He looks not for differences because his principles teach that they do not, nor can they exist. Nor is the course of treatment that should be pursued a source of the slightest uneasiness or perplexity. Having but one morbid state to remove or counteract, his whole *therapia* is compressed into a single favorite omnipotent remedy. It is easy to perceive that the mind of an abject slave of system enjoys a perfect *sinecure*; for the physician to think is idle and preposterous; to reason a work of supererogation; to practice his profession it requires less judgment than is displayed by the smith who skillfully shoes a horse, and less address than is evinced in the humblest mechanical

art. He is, in truth, a perfect automaton whose movements are regulated by the hand of a master. What better are such physicians, I ask, than the cunyric or the nostrum-monger? What chartered right have they to condemn the former or to denounce the latter? When called upon to speak of the former classes of individuals, instead of charging them with being swindlers and impostors, they should have been silent. The statue of Memnon itself had been mute as death at such a moment. How unutterably absurd is it to claim the high privilege of teaching when it is considered useless to think? How false is it to call that a science which has been swallowed up in a vortex of the most absolute Charlatanism to be found in the annals of imposture! But if a science, why should the *Cava Pills* repudiate the society of the *Panacea* of Swaim or the *Number Six* of Thomson? In what respect is the former superior to the two latter? Tell me upon what ground do they differ? Like the waters of Alpheus and Arethusa, nothing is thrown into the one without being seen very shortly afterward floating upon the bosom of the other. They are alike upon a footing of perfect equality, and should be condemned by every physician who has any regard for himself, his profession or the public. This is a duty from the discharge of which no man of enlightened conscience can with safety shrink. Physicians are the guardians of the public weal, and they prove recreant to the obligations they have taken when they decline from any motive, whatever may be its nature to expose to public reprobation principles that are either erroneous in theory or dangerous in practice.

But my business is not so much to inquire into the prejudicial tendency of systematic medicine in a therapeutical point of view as it is to show that its direct effect is hypothetically to conceal those distinctions which actually exist between diseases and which sophistry never can obliterate. This we see practically illustrated in the conduct of many of those who have brought their understandings into slavish subjection to the apochryphal authority of a system. Believing it to be utterly useless to institute a thorough examination, with the view of drawing an accurate diagnosis, as the same treatment will be adopted whatever may be the result, they take advantage of this to impose upon the credulity of the sick and the ignorance of gaping and amazed friends a belief of the possession of intuitive powers in the detection and distinguishing of diseases. Often without asking a question or touching the patient, they pronounce with the gravity of an oracle, *the name of a disease*, and without a moment's reflection, direct the treatment. Such a man is considered a miracle of sagacity, while in truth; he disgraces his profession and pollutes the temple of science with the daring and mercenary footsteps of a heartless and unprincipled intruder.

By the strict observance of method in your examination, you will not only command the respect of the enlightened physician, but you will secure almost infallibly the confidence of your patients. Than this, no more important step can be made towards the relief of those afflicted with disease. Without it the best directed efforts of the wisest physician will frequently prove unavailing, while with it the most inefficient treatment will often produce the most miraculous re-

sults. Indeed, so powerful is the influence which it exerts over the minds of those laboring under disease, that were I called upon to furnish you with the means of infallibly securing the confidence of your patients, I would certainly and without hesitation recommend to you, on all practicable occasions, to institute a full and methodical examination. There are few minds so stupid or unenlightened as not to feel and appreciate the assiduity and zeal thus bestowed. Nor is your conduct limited in the influence which it exerts exclusively to those afflicted with disease; you see it extending and exhibiting itself in the most palpable forms over those by whom they are nursed and attended. The care and attention with which your questions are propounded show that you are inspirid with a sufficient degree of interest to study the case while the tact and judgment with which you make them bear upon the disease, leave in the minds of all present a high opiniou of your capacity and attainments.

Method rigidly adhered to, will serve in a great degree to protect you from many of those faults which are daily committed by those who conduct an examination as it is too commonly done. You will not perplex and annoy your patients by questions tediously and uselessly repeated, nor will you be apt to forget those that are leading and important. The omission of the latter may lead the physician to an erroneous conclusion, but the commission of the former, with the intelligent patient, will almost certainly prove prejudicial to his reputation. The repetition of a question which has been already answered, cannot fail to excite surprise in the mind of the observing and reflecting patient. Should he consider it the result of a defective memory, he will think unfavorably of your understanding; of inattention, that your thoughts are engaged upon subjects foreign to his case, and consequently that it does not awaken in you that degree of interest which its importance demands; of doubt of the truthfulness of his first response, you wantonly insult him by intimating the possibility of involving him in a contradiction. Either of these conclusions will be sure to distract the equanimity of the most apathetic mind, after which it will be not only impossible to secure the confidence of the patient but to deduce an accurate or precise diagnosis. Besides this state of mental irritation thus causelessly occasioned, precluding the possibility of obtaining satisfactory responses from the patient, it is known by every enlightened physician to produce, particularly in diseases, such a degree of turbulent excitement in the functions of the system as to render it difficult if not impossible to ascertain precisely their pathological condition.

It is not enough that an examination be conducted methodically. To its success certain intellectual attributes are but little inferior in point of importance. We allude to attention, penetration, patience and magnanimity. To the successful investigation of a case of disease they are absolutely indispensable. In the scale of importance, *attention* stands perhaps the highest and the most conspicuous. To enable this faculty of the mind to prove signally available, the power to direct and control it should be almost omnipotent. In the analysis of a case of disease, attention should be steady, unwavering and concentrated. If remitting or wandering some important feature will

escape observation, while it will be impossible to scrutinize it closely under the many diversified phases frequently presented. If not concentrated many useless and irrelevant questions will be asked; others will be repeated and much time fruitlessly expended. But, when this is the case the evil of which the patient will almost always have just cause to complain will be that his disease is not understood.

The hurried manner in which an examination is usually conducted even in regard to ordinary diseases, cannot fail to preclude the possibility of a precise diagnosis. When from complication they are difficult of analysis, their exact nature is rarely understood until it is revealed by a post obituary dissection. Such cases instead of constituting an excuse for a brief or precipitate examination demand the most undivided and undistracted exertions of attention, as well as a renewed and a more vigorous application of thought. Summon all your energies to the investigation, and no matter how great may be the complication or varied the difficulties which the case may involve, if perfectly master of the science of diagnosis, rare will be the instance in which you will find yourselves foiled or defeated. Knowledge and attention properly controlled and directed, will enable you to decompose into its fundamental elements, the most complicated and embarrassing disease; and one such triumph, after those perhaps superior to you in age and experience have been completely defeated, will prove abundant compensation for the many hours and days of painful solicitude which the practice of medicine never fails to entail upon its humane, enlightened and faithful votaries.

The educated physician in whose heart the benevolent and humane feelings sit meekly enthroned, will never compromit the safety of those who may commit their lives to his keeping, by suffering his mind to be distracted by a multitude of considerations foreign to the duties he is called upon to perform. He will be diligent, unwearied and methodical in the attention he bestows upon them, and such a course of conduct will enable him to examine without confusion, the many objects which a case of complicated disease may present to his observation; will prevent him from being imposed on by false and delusive appearances; will exhibit them to him in their true light and natural succession.

Important, nay, indispensable as close attention undeniably is to the scrutinising observer in scanning the phenomena of disease, as they are exhibited, it is of itself altogether insufficient to enable you to ferret out their real nature and true tendency. To do this, penetration highly cultivated and disciplined is absolutely requisite.—Without it attention would bestow its labor in mechanical and stupid amazement. Much would be seen but nothing understood. Not only would the language of disease be unintelligible, but the nicer shades of saemiology would elude observation.

To practice the art of examination with success, not only is it necessary that the manifestations of disease should be observed, but their nature and probable tendency must be interpreted and understood. This requires not only sagacity but the highest order of intellectual penetration. Very often the phenomena follow each other in such rapid succession and make an impression so feeble and trans-

sient upon the mind, that if they are not seized at the moment they are irretrievably lost. To expect to ponder over them as over the ordinary occurrences of the chamber of disease, would be absurd and preposterous. Their existence must be detected; their nature understood, and if prejudicial, their tendency counteracted on the spot, or they are gone and the life of a human being is endangered if not sacrificed on the altar of professional stupidity.

No matter with what degree of accuracy you may observe, without penetration, you would not be able to distinguish the accidental from the regular and ordinary—the subordinate from the leading and characteristic phenomena of disease. The relations which the objects of your attention bear to one another, or the relative degree of their reciprocal influence would not be detected or appreciated. The effects of your remedies would be confounded with those of disease, and *vice versa*: while you would be totally disqualified to distinguish the physiological from the therapeutical action of your medicines.

However steadfastly you may be able to fasten your attention on a case of disease; keen your penetration in detecting the nicer shades of difference in the *sæmology*; or sagacious in discovering and foreseeing the nature and tendency of the most complicated morbid actions; these faculties will prove of comparatively inferior utility, unless they are associated with the power of keeping them actively on the stretch for a considerable length of time without fatigue or restiveness. This you will find absolutely necessary: for often will you be called on to listen a tedious length of time to uninteresting and unimportant details: this you must do not only with an unruffled temper, but with the most imperturbable composure and enduring patience. Though your time is not thus taxed, and your indulgence is not carried to the utmost pitch of endurance by the generality of those laboring under disease, you will always find a restless and impatient temper, a great barrier to the successful prosecution of a minute and protracted examination. Hostile, as it doubtless is, to the best interests of those who confide in your capacity and attainments, no effort should be spared to subdue and eradicate it. Haste or precipitancy in the conduct of a physician, is not only an obstacle in the way of the satisfactory discharge of his duties, but it is positively disreputable, undignified and empirical. More often does it result from the degrading desire to appear overrun with business than from the actual possession of more than can be without difficulty or inconvenience attended to. Whatever be the motive, it can never authorise you to precipitate an examination. To whatever trouble or inconvenience you may be reduced, it can never be alleged as a legitimate excuse for undertaking the treatment of a disease which you have not had the patience to understand.

Nor should the poverty of your patient or the revolting privations of his cottage, drive you from his humble habitation before you have conscientiously discharged your duty. Keep constantly in mind that an erroneous diagnosis may involve consequences of the most fearful and disastrous character, and you will be forever deterred from rushing, as is too often the case, from the chamber of affliction with the precipitancy of a detected pick-pocket.

The qualities of mind just adverted to, will contribute much towards rendering you skillful and successful, but they can never enable you to become honest and humane physicians. To be justly entitled to the distinction these attributes never fail to confer, the spirit of magnanimity and candor must reign over and be perceptible in all your conduct. Trick and cunning, management and the grave may conceal your blunders and shield you from the hatred and scorn of a deluded and outraged people, but can never soothe one pang of a wrung and tortured conscience.

If dead to shame and insensible to the stings and horrors of such a remorse as licensed assassination should bring, you may, by address, extricate yourselves successfully from the most perilous and embarrassing situations, and may continue to float buoyantly and triumphantly on the sweeping tide of popular favor. But if conscience has not ceased to remind you of your moral responsibility, you must look to your candor and magnanimity for assistance in circumstances of doubt and difficulty. They will encourage you frankly to confess your ignorance of what you do not know, and will enable you to intimate without blushing, that you do not consider yourselves omniscient in your profession. Rarely as we see this course of conduct practically illustrated, rest assured, if from pride or selfishness, you should find yourselves incapable of making such sacrifices, you are aliens and strangers to the feelings and sentiments of honest or humane men.

Do you consider such language harsh and unauthorised? If so, let me ask, Is it honest to delude a patient with the belief that you understand his case when you not only doubt, but when your mind is in a state of the most agitating uncertainty on the subject? Would it not be the basest moral infamy, the most inexcusable and atrocious cruelty to risk the life of a confiding and suffering fellow-being upon the truth of a mere conjecture; the possible validity of a random guess? Indefensible, not to say abandoned and profligate as such reckless and heartless conduct must ever appear in the estimation of humanity and honesty, do we not daily see striking and terrible practical illustrations of it? Do we not see physicians, rather respectable in point of reputation; yes, diplomatised practitioners treating diseases, of the real nature of which they know as little as did the Alchemist of the art of converting the baser metals into gold, with a fearlessness of consequences absolutely startling? Who will dare deny the truth of this allegation? Who will venture upon the defence of such individuals? Does such an outrage upon public confidence admit of excuse or extenuation? No, it stands forward in all the harshness of unmitigated crime, without one alleviating circumstance to soothe resentment or propitiate regard. To urge that unadmonished of their ignorance, they rush forward under one of the most fatal delusions to be found in the eventful records of intellectual imbecility, would be a gross libel on the human understanding. There is no delusion but that of sordid interest; no infatuation but the insatiable love of gold. Their souls never felt one virtuous impulse; their flinty hearts were never softened, never blessed with one touch of infirmity; their bosoms seem hermetically closed against every tender impression;

they look unmoved upon eyes rolling in agony and swimming in death.

In the ordinary affairs of life, it is not uncommon to see the experienced and unprincipled take advantage of the ignorance and impose upon the credulity of guileless and unapprehensive men. This is done with comparative impunity to almost every vital interest. But whenever the physician avails himself of such means to procure advancement in his profession, he should be condemned as an impostor to hopeless exile from the society of his fraternal associates. His duties are multifarious and of a nature delicate and difficult, while his numerous responsibilities are of the most solemn character. If he is, therefore, guilty of no dereliction, he must exert the stern coolness of the philosopher as well as the forbearance, the self-denial, and be able to make the sacrifices of the Christian. Pride, ambition, self-interest or any other unworthy feeling should never deter you from making such disclosures as are requisite to ensure the safety of those who may confide their lives to your skill and judgment, or to shield your bosom from the barbed shafts of rankling remorse.—When called to the examination of a case that is cause of difficulty or embarrassment to you, think not that you sink in the estimation of sensible or honorable men, by expressing your doubts, or even, if necessary, by confessing your ignorance of its nature. Under such circumstances, never fail to request a consultation; never in a state of uncertainty, venture upon its treatment; never have to make, even to your own consciences, the humiliating concession that your therapeutic indications have rested, in a single instance, on conjectural grounds.

Rational treatment has no other basis than accurate diagnosis. To deduce it from any other source is unblushingly to play the Charlatan and cruelly to tamper with human life. This is so true that even unprofessional minds feel and understand its force, while the unprincipled empiric has recourse to every subterfuge to avoid an illustration of it. Let the physician admit that he is not certain as to the exact nature of the disease, and at the same time insist upon its exclusive management, with what instinctive horror will the patient shrink from his drugs, and with what eagerness will his friends spring to save him from the poison of an assassin! If the opinion, to successfully treat a disease, it is necessary to understand its nature, were as prevalent with the profession as it is with the public, what an Iliad of misfortunes, to use the language of Demosthenes, would not humanity be spared?

In cases of difficulty and danger, should you fearlessly determine to act without having any fixed opinion of their nature, what are the results that may be reasonably expected? Your conduct being, of necessity, either timid and irresolute or rash and inexpedient, human life will be endangered if not wantonly sacrificed. If you act at all under such circumstances, you act on the apochryphal authority of a guess, and if you happen to act correctly, is it not rather a miracle than a probable result? Alarming and unpardonable as such duplicity evidently is, too often have we occasion to witness most fearful exemplifications of it. We see, too frequently, physicians obstinately persevering, day after day, in the treatment of cases of disease,

in regard to the precise nature of which they cannot give even a plausible conjecture.

Why is this? What tenable excuse can be alledged for thus practising upon the credulity of the public; for thus wantonly tampering with the springs of human existence? None whatever. Such imposture is the offspring of pride and self-interest; the nursing of ignorance and illiberality. Rather than hint a doubt, they brave the perils of the most irrational treatment; rather than shrink from a firm reliance upon their unaided judgment, they expose their patients to the most incredible sufferings as well as to the most appalling dangers. Nor is this all. With an inconsistency of conduct, truly marvellous, life is no sooner extinct than the disease, which before death was considered intelligible, now becomes mysterious; that which but a few hours before was easy of interpretation has become inscrutable. Permission is asked of the friends of the deceased to make a post obituary examination. For what? To confirm the truth of the diagnosis previously given and to establish the correctness of the treatment previously employed? No; but forsooth, because no confidence is placed in that diagnosis; because they are now curious, when hope has fled, to know what was, in truth, the real nature of the disease to which the deceased has fallen a victim. How any man can unblushing declare a case of disease mysterious or unintelligible, of which he has been busily engaged in the treatment for days, and perhaps weeks, when his conduct tacitly implied that he did not so consider it, is to me incomprehensible. When the dissection is made and it is distinctly ascertained that the disease was neither understood nor properly treated, how does he defend himself before the tribunal of his conscience; how does he shield his bosom from the compunctions visitings of sorrow and remorse? By alledging that he acted in obedience to the dictates of his best judgment? Such is not the fact; it is a base and untenable subturfuge. His judgment was not deceived, nor did he listen to its admonitions. It convinced him that he did not understand the disease, but pride and self-interest deterred him from making the important disclosure. It recommended to him the necessity of a consultation, but the fear of its consequences rendered him deaf to the advice. Thus you perceive humanity and honesty unite in imploring you to deal candidly and magnanimously with those who may confide in your skill and judgment. It is a debt you owe to justice, and if a sacrifice, it is one you should never shrink from making upon the altar of public good and private happiness. Unless you prefer the welfare of your patients to the advancement of your personal interest, you can never make safe or sincere physicians.

Presenting in your intellectual character the features to which we have in detail adverted, and possessing a knowledge of the science of diagnosis in its present improved condition, you may expect to make some proficiency in the '*Art of examining the Sick.*' But this cannot be done without the strict observance of several precautions which experience has proved to be indispensable. The deceit of patients is not less to be guarded against than the duplicity of physicians. From a number of the most diversified motives, there are

those who, in order to cheat and betray you, will use every effort and resort to every stratagem. Diseases that have no existence are often feigned, while the most strenuous and persevering exertions are made to conceal those that really exist. Some individuals are prompted to act thus from motives so secret that it is impossible to detect them, while others seem inspired by the mere pleasure of deception. Those who feign diseases employ means of precaution so complex and elaborate as to imply the operation of motives of the greatest magnitude and importance, while those who would conceal an existing disease, frequently endure without apparent emotion the most exquisite suffering. To be imposed upon by either would be alike humiliating and discreditable, and therefore, to avoid a result so compromising in its character, you will be often required to summon to your assistance all your attention, penetration, prudence and knowledge of your profession, however large and comprehensive.

In your intercourse with society, you will find a numerous class of individuals characterized by great sensibility and a lively and sportive fancy. These, without any design to misrepresent or deceive, generally exaggerate most extravagantly. Should they become your patients, be upon your guard and make due allowance for the habitual style of their conversation. By some persons the slightest indisposition is considered a grave and malignant malady, while the most inconsiderable pains are magnified into the most exquisite pangs. Judge of the grade of their diseases by the intensity of their complaints and you will be led into the commission of the most inexcusable mistakes.

The self-instructed, the mere smatterers in knowledge, men who have in their intercourse with good society, or in desultory reading gathered their information, will often be a source of great perplexity to you. Of this class of individuals you will find none more troublesome or difficult to manage than those who are in the occasional habit of reading medical works. Generally speaking, they have a very high idea of their attainments, and are much more solicitous to surprize you by their knowledge than to inform you of their sensations. From them a direct and simple response it is almost impossible to obtain. Their reasoning is substituted for their sensations. When asked how they feel, they will tell you what they think. Be on your guard against deducing your diagnosis from the opinions of your patient, instead of from the facts of his case, as well as against founding your treatment upon what he may think of himself instead of what you may think of him.

In connexion with the subject under consideration it should be remarked that there is a solemn gravity of manner more frequently assumed by the quack than the enlightened physician; the object of which is to impress the public with the idea of great professional wisdom, or of a life habitually rigid and sanctimonious. Such deportment is unbecoming a man of sincerity and truth; while in the discharge of his professional duties it is found to be positively deleterious. The influence of the mind upon the body, particularly in disease, is no longer a question, and this fact is strongly expressed by the author of *Tristam Shandy*, when he compares the body and mind to a coat and

its lining. 'If you rumple the one, you rumple the other.' If this gloomy gravity of look to which I have alluded, had no other effect than to impose upon the credulity of the prejudiced and uninformed, I would not pause a moment to comment upon it. But this is not the case. Too often it exerts a most omnipotent and ominous sway over those the unhappy subjects of disease. However well balanced a mind may be under ordinary circumstances, this cannot be preserved under the influence of disease. The power of the imagination in the common concerns of life is not a subject within the pale of controversy, and in disease, from the fear of death, it becomes excited, and even over well governed minds it becomes paramount in its influence. It opens the mind to the most absurd impressions; its credulity is so great, that like the stomach of an ostrich, the most preposterous and incredulous stories are digested. Nothing appears impossible or even improbable. This is particularly the case with the timid and imaginative. Remedies act under the control of the fancy, and the patient recovers from disease or becomes its victim in slavish accordance with its decrees. This is the reason why, in some instances, empiricism triumphs after science and intelligence have been defeated, and why people have died at the exact time which they themselves had prognosticated.

In the examination of such patients particularly, and it would not be amiss in regard to all, you should be cheerful without levity. Let your deportment inspire them with hope, and not depress them with fear. The individual who considers his life in peril will watch your movements and the expression of your countenance with the most searching attention, and your very look, if it bespeak danger, pronounces the sentence which the fancy will rarely fail to execute. I have more than once seen patients grow worse after having been visited by one of these Iscariot visaged gentry, and die much sooner than was anticipated; while I have seen a dignified and confident cheerfulness infuse invigorating hope into minds already exhausted by the enfeebling influence of fear.

Admonished of the sources of deception to which you will be exposed, let me insist upon it as a rule from which you are never to swerve, but from the operation of causes binding and imperious in their character, always to examine every case of disease, whether mild or malignant, that may be submitted to your observation, with critical precision. This should be done as if, in every instance, the life of a human being depended upon your verdict. The importance and necessity of it, in manifestly dangerous diseases, need not be enforced or illustrated. Nor is it a duty less obligatory in regard to those apparently harmless in character. Often when a disease is thoroughly investigated, though unimportant in itself, other latent chronic affections are detected. These, by early and judicious treatment, may be very frequently cured or their tendency counteracted, but which, when overlooked and neglected, become irremediable. But such lurking mischief is not to be discovered by simply looking at the tongue and feeling the pulse, together with a few questions generally not less irrelevant than they are unintelligible.

But as I have hinted it is not always practicable nor is it always

prudent to institute a full and methodical examination. There is more than one circumstance which should induce this to be postponed. Among these the stage of a disease merits attention. During the period of a paroxysm it should be declined. Besides the mental agitation of the patient being such as to render him incapable of furnishing you with satisfactory information, the disease is then exhibited in all its violence, and to expect, under such circumstances, to determine the condition of all the organs would be irrational. The fullest information must be obtained from the friends, while the questions propounded to the patient should be few, brief and pertinent. Nor should the treatment be active and decided unless the indications should be so urgent as to render delay dangerous. Under such circumstances we should trust to a mild and temporizing medication.

A state of great corporeal debility should deter you from a minute and lengthy examination. The fatigue which would be thus incurred, would more than counterbalance any advantage that could result from the most satisfactory information. Nor should a disposition to or actual sleep be interfered with in order to promote the objects of an examination.

An examination which you intend to be methodical should commence with an inquiry into the age, sex, passions, habits and profession of your patient; into the condition of his general health; the diseases of his past life, as well as those of his immediate ancestors; the peculiar effects produced by the medicines that may have been previously taken. Such information may be, very generally, obtained from the friends, and that too before entering the apartment of the sick. When this is possible the opportunity should never be neglected. It will render fewer questions sufficient; the examination will be less protracted; much time will be saved, and your patient spared much fatigue. Nor is this all. When you have taken the precaution to possess yourselves of the information to which I have just alluded, previously to being introduced to the patient himself, if managed with address it will impart to your conduct an air of inspired, or at least intuitive knowledge. Seeing that you anticipate his answers with a degree of precision to him surprising, he immediately conceives a high opinion of your judgement and sagacity; he gives you his confidence, and you thus secure his obedience.

Will it be said that this is a cunningly devised stratagem to obtain an ascendancy over the minds of those labouring under disease, unworthy the dignity of your profession? I cannot believe it. The most punctilious will never regard any means justly obnoxious to rebuke, that contribute to alleviate the sufferings of afflicted humanity. As it conduces powerfully to promote the favorable action of your remedies your first object should be to command, if possible, the confidence of your patients. Without it, you can never secure obedience or calculate upon a strict compliance with your advice. It is for this reason that we treat with so much more success the diseases of our intimate acquaintances and friends than those of entire strangers. The minds of the former are more tranquil, because they confide unreservedly in our skill and judgement; those of the latter are agitated by doubt and suspicion, because they have had no proofs guaranteeing

the soundness of the one, or the superiority of the other. The force of this fact was not more strongly felt than expressed by Rousseau, when he said, 'I would prefer *ceteris paribus*, a physician who is a friend, to one that is a stranger: I have little faith in the medicine of physicians, but I have much in that of friends?'

While examining a patient, keep your eye steadily fastened upon his face. Thus situated, you will be able not only to determine how far you may safely confide in the truth of his responses; but you will have an opportunity of judging of the motives by which he is actuated; the passions that control and agitate him; the condition of his social and moral affections, and the character of his mind, all of which will throw light upon the diagnosis as well as the treatment of his disease.

Be choice in the language in which your questions are clothed. By this is not meant beauty and elegance, but precision and perspicuity of expression. The words in which they are propounded should be not only those in familiar use, but those, as far as practicable, adapted to the habitual language and capacity of the patient. Your meaning must be clearly and distinctly seen, and if you find it is not, let the question be asked in a different form. While your patient understands one thing and you mean another, it would be absurd to expect from him a rational or satisfactory answer.

While a patient is responding to a question, or is giving you a narrative of his sufferings, listen to him with the most fixed and steadfast attention. To act otherwise in the common intercourse of society would be insulting to a gentleman, but it is especially provoking when addressing those the subjects of disease. Should you betray a restless or impatient spirit, under a tedious or too circumstantial narrative, he will conclude, and justly too, that your thoughts are pre-occupied by subjects foreign to his case, or pondering upon those in which you feel a deeper and stronger interest. This disturbs the equanimity of his mind and arouses his temper. His confidence in you is withdrawn; your control over him is forfeited, and if the examination is persevered in, the results to which you may expect to arrive will be unsatisfactory and inconclusive. Those laboring under disease wish to fix your attention, and to inspire you with interest. What they desire, the disease imperiously demands, and humanity should strictly enforce.

In his narrative a patient should never be interrupted, though he may not be as full and as explicit upon some points as you could wish. There are more people in the world like the historian of whom Lord Bolingbroke speaks, who could never give a direct and accurate answer to any question in chronology, without commencing with the creation of the world, and passing regularly down to the period of time to which reference was made, than is generally imagined. Of this class you will find a large number amongst those of limited and vulgar education. Unless you suffer them to speak on without interruption, they become embarrassed; lose the thread of discourse; occasion them perhaps to commit important omissions and expose yourselves to the inconvenience of having to listen to facts tediously

repeated. Should additional information be required, it will not be difficult to turn his attention again to any particular point.

Though these general rules would enable you, perhaps, by their judicious application, to become familiar with the *Art of examining the Sick*, this is a subject so very important, and one too upon which your success will so much depend, that you will, I trust, pardon me for speaking still more in detail. We have informed you that every examination should be full and methodical, but at the same time, you must be reminded that it must be rendered as brief as possible by the pointedness and pertinancy of your questions. To observe a particular order, therefore, you will find indispensable. Suppose, for example, you should ask when introduced to your patient, as is commonly done, '*What is the matter with you?*' What response would you expect? As was before remarked, those suffering from disease have a great disposition to give you their opinions, instead of informing you exactly how they feel, and nine out of every ten will therefore respond that their complaint is either bilious, nervous, or that it results from a humour in the blood. Now I ask what have you learned from such an answer? What more do you know of the disease than you did before the examination commenced? Not one word. But suppose you should commence the examination by asking, '*In what part do you experience pain?*' This question is very simple, but it will lead you by a direct route to the object of your search. The answer which you will receive will point you at once to the organ and function deranged. Is not this a signal step in the investigation? Does it not give you an important clue in the further prosecution of your enquiries? Every experienced physician will respond in the affirmative.

Much light, however, as this single question will throw upon the case under examination, and much as it, in truth, limits the sphere of your labor, you will find that the inclination of the sick to enlighten you by their opinions is so indomitable as to render it almost impossible to prevent them from indulging in vague and idle conjectures. Never distrusting their anatomical knowledge, they will say it is the stomach that suffers when it is the spleen; the lungs when it is the liver. To preclude the possibility of deception, you should direct the patient to apply his hand upon the part of which he complains, and never rest satisfied with simply a verbal answer. Nor, in all cases, will even this be sufficient. You will often fall into the greatest errors should you fail to examine the part yourselves. Neglecting to observe this precaution, one of the most acute and talented physicians of this or any other age, recently committed, in the city of Paris, a most indefensible blunder. A female, after having been thrown from a *cabriolet*, complained of pain in the left side of the chest, pain in coughing, expectoration sanguineous, together with considerable febrile reaction. The cough and sanguineous sputa, pointed to the respiratory organs and particularly the lungs, as the seat of the disease. It is true that the intense pain of the side which was exasperated by respiration and pressure, might proceed from a lesion of the thoracic parictes, but the strength and frequency of the pulse, redness of the face, great thirst, heat of the skin, and the sanguineous

sputa, pointed undoubtedly to a lesion more deeply seated. Percussion could not be practised on account of the intense pain of the side, but through the *Stethoscope* the *râle crepitant* was distinctly heard. Pleuro-pneumonia was announced as the diagnosis. This conclusion was a rational and scientific deduction from the premises above furnished, but when the side was exposed to an ocular and a manual examination, the whole *cotege* of symptoms was found to proceed from a fractured rib.

The second question should be, according to the dictates of reason and experience, '*How long have you been sick?*' This, though a very simple, is an interrogatory more purely analytical than any other that can be suggested. It not only abridges the examination, but its answer discloses a characteristic feature of the disease. Does he respond that it is of recent origin, you learn that it is an acute affection. This knowledge enables you, at once, to dispense with such inquiries as have reference to chronic diseases, while your whole attention will be engrossed by those of an opposite character. Here then, is a second important step made in the investigation. By barely two questions you have achieved two of the principal objects of an examination. You have discovered not only the organ and function deranged, but also that it is acute in character. More than once have I heard a score of questions asked without obtaining a tithe of as much information.

Permit me to enforce the propriety of the question to which we have alluded, by illustrating it with an example. Suppose you have, by the first question, ascertained that the patient under examination labors under some affection of the head;—what are the diseases to which that part is subject? They are congestion, meningitis, encephalitis, haemorrhage and *ramollissement*, which are acute—tubercles, cancer, acephalocysts, osseous, tumours of the cranium which are chronic. In view of this formidable array of diseases, you ask your patient '*How long have you been sick?*' He responds, but a few hours or days; this answer abridges the examination one half.—The chronic affections no longer engage your attention, and you have now only to determine which of the acute diseases just enumerated, has attacked your patient. If familiar with the science of diagnosis, this will not be very difficult. The signs by which each of them are to be recognised and distinguished, are, for the most part, obvious and strikingly characteristic.

After you have ascertained the organ diseased and the length of time it has been in that condition, you must determine which of the acute or chronic affections, to which it is subject, has interfered with the integrity of its functions. When you have done this, you will pass to the consideration of all the other organs of the economy, in order to satisfy yourselves in detail whether or not any of the diseases to which they are liable, has disturbed in any way whatever, their functions respectively. In this view, still supposing the brain the organ principally affected, you will, in the first place, take up that organ which is known to exert the most direct and sensible influence upon it, and which is also the most powerfully influenced by it.

The same care and attention should be carried into the exami-

nation of the organs secondarily as in those primarily affected. This is a duty imperiously binding upon the conscientious practitioner, for when one organ is seriously diseased it reacts upon others and frequently not only deranges their functions, but changes their structure. Such lesions are forever concealed from those who examine their patients in a manner either desultorily or hastily; nor are such individuals ever aware of the presence of any co-existing or concomitant malady. Such diseases are not very uncommon, and even where they actually exist, should an individual be attacked by an acute affection, which is generally the source of much suffering, he will rarely, of his own accord, direct your attention to his prior but still continuing complaints, as they generally occasion him comparatively little inconvenience. These, though of more difficult detection, are not, perhaps, of less importance than the complaint by which he has been recently assailed, must be ferreted out by the sagacity of the physician, for they not only continue progressively to undermine the health, but they often neutralize or counteract the most judicious treatment and always aggravate the acute affection and exert a decided influence upon its termination. Thus, by overlooking the concomitant diseases, no less than three signal mistakes may be committed. The diagnosis will be wanting in precision;—the treatment, though not perhaps irrational, will not be sufficiently comprehensive to embrace the case; and the prognosis, being deduced from a partial view of it, will be false.

Why do we so frequently hear of mysterious cases of disease, and such as the physician has never seen before? Because the science of diagnosis is not sufficiently studied and the '*Art of examining the sick*' not generally understood. This occasions the concomitant affections, which complicate the principal disease and influence its course and termination, to be overlooked. In truth, a very large majority of the diseases to which humanity is heir, are neither mysterious in their nature or such as have never been heard of before. This you will find to be no exaggeration if you make yourselves masters of the science of diagnosis and accustom yourselves to examine in every instance, with close, scrupulous and unfaltering attention all the organs of the economy in regular succession. This, I must repeat, is your bounden duty. Nothing less will be considered a faithful redemption of the pledge which you this day tacitly make; satisfy the just claims of suffering humanity; vindicate the confidence which will be reposed in your skill and judgment, or acquit you before the tribunal of your own consciences.

Were we to pause here we should not have given you a sufficient idea of the importance of thoroughly understanding the '*Art of examining the sick*.' Cases of disease occur in which you will be able to derive but little assistance or co-operation from the patient. These are chiefly met with in those who labor under a destitution of some one or more of the senscs. Such are the deaf, dumb and blind. To lay down particular rules by which you are to be governed in the investigation of their diseases, would be impossible. They must grow out of the circumstances of each particular case. By signs and gestures you may learn much, but you must rely upon your sagacity and judgment to enable you to make an advantageous use of them.

There are cases of disease in which you will not be able to lay even signs and gestures under contribution, nor to obtain any assistance whatever from the patient himself or the knowledge of his friends. Such persons are usually found in a state of insensibility, and the physician will have to rely exclusively upon the accuracy of his acquaintance with the science of diagnosis, and the strength and acuteness of his powers of reasoning. The difficulties which such cases involve, will be more sensibly felt by an illustration. A stranger, for example, is found in his room a few hours after his arrival at a hotel, in a state of insensibility and unconsciousness. He is a man of robust frame, the trisplanchnic cavities are largely developed, and he appears to be about sixty years of age. His face is of a deep red or livid color; the temporal and carotid arteries pulsate with energy; the pulse is strong and hard; he foams at the mouth; respiration is embarrassed and stertorous; palsy has invaded one side of the body, and vomiting, together with involuntary dejections, have taken place. These are the data from which you are to reason, and I ask you what is the disease under which he labors? The most prominent feature of the case is unconsciousness. The inquiry of the physician should be, therefore, what are the diseases in which this phenomenon is observed? They are those of the heart, of the lungs, and of the brain. You now ask yourself, is it one of those to which the heart is subject? No; because the patient was in good health a few hours before he was discovered in a state of insensibility, nor is there any derangement of the circulation, such as characterize affections of that organ. Is it syncope? No; for the face, instead of being pale and exanguious, is deeply flushed, while the pulse is strong and hard. Is it asphyxia? No; for although the respiratory and circulatory functions are embarrassed, they still continue, while the patient has been exposed to the action of no cause capable of producing that disease. From this analysis, having discovered that the affection under examination is seated neither in the heart or lungs, you are convinced it must be one of those to which the brain is subject. Although you have now detected the organ affected, you must recollect that the diseases of the brain are numerous. These have been enumerated. Is it one of its chronic maladies? No; for the patient was very recently in a state of sound health. Being acute, therefore, you have now to determine which it is of the four or five of the acute diseases that attack the brain. Is it congestion? No; for that is a general disease and this is characterized by local phenomena. Is it arachnitis? No; for that disease is also general while this has not pursued the course of that affection. It must, therefore, be either ramollissement or effusion. The former it cannot be; for though an acute disease, it never attacks so suddenly nor is its march so rapid as has been that under consideration. We, therefore, declare it to be cerebral hæmorrhage, and this opinion is sustained by the fact, that, no other disease of the brain is so sudden in its attack.

The seat and nature of the disease are now determined, but still the diagnosis is not sufficiently minute and precise. The patient is hemiplegic on the left side of the body; therefore the hæmorrhage occupies the right lobe of the brain. The hemiplegia is complete,

therefore, the haemorrhage is not only in the right lobe, but it extends from the anterior to the posterior part of it. Thus you perceive that an acquaintance with diagnosis and your powers of reasoning, will enable you to analyze a disease, under the most difficult and unfavorable circumstances, into its most simple rudimentary elements; to diagnosticate not only its seat and nature, but also its extent with a certainty and precision almost mathematical.

If, during your first visit, you have been able to determine the seat, nature, extent, and probable course and termination of the disease, a full and detailed examination will not be required afterwards. A few brief and pertinent questions will then be abundantly sufficient.

In regard to foreseeing the termination of a disease, others, as well as myself, have found it of the greatest possible advantage to acquire a habit of anticipating the condition of a patient before visiting him. For the purpose of correcting the errors of judgment, your preconceived opinion should be compared with the circumstances of the case as they actually exist. This habit, actively and zealously cultivated, will enable you, ultimately, to acquire such a degree of foresight as would appear to you now almost miraculous. In truth, I know of no other means so well calculated to render you proficient in the art of prognosis.

In closing these didactic remarks, suffer me to guard you against an error too frequently committed even by liberally educated and enlightened physicians. I allude to the habit of visiting the sick nearly about the same hour every day. Diseases are not always regular in the course they pursue, and, indeed, they are sometimes so remote from it as to render it impossible, for the most experienced physician, to judge what will be their probable character a few hours hence. If, therefore, the hour of your daily visit is not frequently changed, it will be out of your power to see such chameleon affections under all their changing aspects. Doubtless it would prove highly conducive to the interest of those laboring under disease, were it possible for the physician to give them his personal attention during the whole period of indisposition. This, however, it would not be less unreasonable, except under extraordinary circumstances, for the patient to demand, than impracticable for the physician to render. By strictly observing to change judiciously the hour of your visits, the necessity of this will be not only signally diminished, but it will combine, to a considerable extent, all the advantages of uninterrupted personal attention.

Gentlemen, I owe you an apology for having, at this time, taxed your patience with a discourse so protracted and so purely didactic in its character. I throw myself upon your generous indulgence, pleading no other excuse than an earnest desire to be of service to you up to the very last moment of our connection. That moment has now arrived. The ties which have bound us together in our respective capacities of pupils and preceptors, must now be rent asunder. We send you forth into the wide world of adventure and enterprise, where you will need all your prudence, wisdom and forecast to enable you to elude the fiery darts of temptation that will fall in showers around your integrity, and to extricate you from the dangers to which

your characters will be exposed from the envy, hatred and malice of your enemies. Day after day increase your stock of knowledge; let your conduct be regulated by the nicest sense of honor and the truest and noblest sort of pride; keep your consciences free from reproach, and you may bid stern defiance to the fiercest assaults of the one as well as the most insidious approaches of the other.

With rectitude of principle and enlightened capacity, firmness of mind and tenacity of purpose, you may, with confidence, engage in the busy and perplexing scenes of life. Thus fortified, the treachery of pretended friends and the machinations of open enemies may cripple your noblest exertions, but cannot defeat them; the sphere of your usefulness may be circumscribed but cannot be obliterated; your happiness may be impaired, but you cannot be rendered miserable; your hopes may be deferred, but they cannot be extinguished; you may be made to despond, but you cannot be reduced to despair. Go, then, ALUMNI of the MEDICAL COLLEGE OF OHIO, opulent in the means of ensuring the proudest success; may fortune smile upon your efforts; may Heaven bless your schemes of honest enterprise; may you reap the plentiful harvest of honor, fame and emolument, which you so richly deserve. Farewell!

